

2007 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90025 050 ***150.00

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01162007 Chg-P CR2E034 (12/06)

DOCUMENT # P04000031118					
1. Entity Name DOLPHIN HYDRAULICS, INC.					
Principal Place of Business P.O. BOX 420494 SUMMERLAND KEY, FL 33042			Mailing Address P.O. BOX 420494 BIG TORCH KEY, FL 33042 SUMMERLAND		
2. Principal Place of Business - No P.O. Box # 3025 STEWART RD.			3. Mailing Address P.O. Box 420494		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIDDLE TORCH KEY, FL		City & State SUMMERLAND KEY, FL		4. FEI Number 80-0101144	
Zip 33042		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33042		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALKANY, CARON 7401 DORN RD BIG TORCH KEY, FL 33042 BIG			7. Name and Address of New Registered Agent Name BALKANY, CARON Street Address (P.O. Box Number is Not Acceptable) 7401 DORN RD City BIG TORCH KEY FL 33042		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINNELL, MIKE P.O. BOX 420494 SUMMERLAND KEY, FL 33042	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINNELL, JERRY P.O. BOX 420494 SUMMERLAND KEY, FL 33042	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		JERRY TINNEL		1-16-07 (305) 872-3312	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	